



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

APPLICATION FOR PRESCRIBED PEDIATRIC EXTENDED CARE LICENSE

FACILITY NAME

Print

FACILITY ADDRESS

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP CODE

ADMINISTRATOR

Print

DIRECTOR OF NURSING

Print

R.N. License #: _____ Exp.
Date: _____

MEDICAL DIRECTOR

Print

M.D. License #: _____ Exp. Date: _____

PHONE NUMBERS

FACILITY PHONE NUMBER

FACILITY FAX NUMBER

FACILITY TYPE

PLEASE CHECK ALL THAT APPLY

CURRENT ENROLLMENT: _____

☐ PRIVATE

☐ NOT FOR PROFIT

☐ PUBLIC

☐ PROPRIETARY

CAPACITY: _____

☐ OTHER: _____

ACCREDITED? ☐ YES ☐ NO

IF YES, NAME OF ACCREDITING ORGANIZATION AND ACCREDITATION EXPIRATION DATE:

Print

Expiration Date of Child Care License Issued by the Department of Services for Children, Youth,
AND THEIR Families: _____

PLEASE ATTACH THE MOST CURRENT COPY OF THE FOLLOWING:

1. A LIST SHOWING THE NAMES AND ADDRESSES OF EACH OFFICER, DIRECTOR, AND OWNER HAVING TEN (10) PERCENT OR MORE INTEREST IN THE FACILITY. ALSO ATTACH A LIST OF THE NAMES AND ADDRESSES OF ADVISORY BOARD MEMBERS IF DIFFERENT FROM THE PRECEDING GROUP.
2. ACCREDITING AGENCY(IES) CERTIFICATE(S) AND REPORT(S)
3. CHILD CARE LICENSING SURVEY REPORT
4. OTHER: _____

DAYS OF OPERATION: _____
PRINT

HOURS OF OPERATION: _____

NAME OF PERSON COMPLETING THIS FORM: _____
Print

SIGNATURE: _____

TITLE: _____

DATE: _____

CHECKS SHOULD BE MADE PAYABLE TO: **DELAWARE DIVISION OF PUBLIC HEALTH**

INITIAL APPLICATION FEE:
\$100.00

ANNUAL LICENSURE FEE:
\$50.00

PLEASE COMPLETE AND RETURN APPLICATION WITH LICENSURE FEE AND ATTACHMENTS TO
OFFICE OF HEALTH FACILITIES LICENSING & CERTIFICATION
2055 LIMESTONE ROAD
SUITE 200
WILMINGTON DE 19808

Prescribed Pediatric Extended Care Center Services and Employee Information

Services Provided	Does your facility provide these services?		Are the services provided by employees of the facility?		Number of persons employed in each service	Are the services provided by contractors?		Number of contractors providing each service	Are services provided by both employees and contractors?		Total number of caregivers in each service
	Yes	No	Yes	No		Yes	No		Yes	No	
Registered Nurse											
Licensed Practical Nurse											
Physical Therapy											
Speech Therapy											
Audiology Services											
Occupational Therapy											
Nutritional Services											
Social Services											
Aide											
Child Life Specialist											
Developmentalist											
Physician											
Other (please list):											